

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

=60-024046

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 222

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | c. CITY OR TOWN Sedalia | |
| Length of stay in 1b 44 Years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital | | d. STREET ADDRESS (If outside, give location) 2412 South Ingram | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First TOM Middle N. Last SOTER | | | 4. DATE OF DEATH Month June Day 22 Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 10, 1891 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months 66 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman | | 10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific RR. | | 11. BIRTHPLACE (City and state or country) Athens, Greece | |
| 12. CITIZEN OF WHAT COUNTRY United States | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Bertha Baugher Soter | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I. | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT Mrs. Bertha Soter | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage (Appoplexy) DUE TO (b) Hypertension DUE TO (c) Arterio sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 12 days | |

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|---|--|---|--|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓ | |
| 20c. TIME OF INJURY Month, Day, Year ✓ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓ | |
| 20f. CITY, TOWN, OR LOCATION ✓ | | COUNTY ✓ | | STATE ✓ | |

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|--|---|
| 21. I attended the deceased from June 1958 to June 22, 1960 and last saw him alive on June 22, 1960 Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE W. A. Beckenham MD | 22b. ADDRESS 500 W. 16th Sedalia, Mo. |
| 22c. DATE SIGNED 6/24/60 | |

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|--|-----------------------------------|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 24, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | 23d. LOCATION (City, town, or county) Sedalia, Missouri | 23e. STATE Missouri |
| 24. FUNERAL DIRECTOR D. W. Heckart | | 25. DATE RECD. BY LOCAL REG. June 24 1960 | | 26. REGISTRAR'S SIGNATURE Frank Shelby |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

IF this body is not embalmed, fact should be so stated above.